

STATE TREASURER ACH ENROLLMENT FORM

If you have any questions when completing this form, please contact the NE Department of Revenue at 402-471-5685.

Mail or Fax to:

Nebraska Department of Revenue
Finance/Management Services
PO Box 94818
Lincoln, NE 68509-4818
402-471-5804

☐ NEW

☐ CHANGE

State Treasurer
Attn: Treasury Management
Rm. 2003, State Capitol
Lincoln, NE 68509
Phone: 402-471-2455
FAX: 402-471-0816

☒ CTX or
CCD+

This form is for tax refunds only. Do not complete this form if you wish to make tax payments.

It is the Financial Institution's responsibility to assure the accuracy of the following banking information. If there are any questions, please contact the State Treasurer's Office at 402-471-2455.

Taxpayer Information

Name: _____

Address: _____

Federal Tax ID #: _____

Contact Person: _____

Phone #: _____

FAX #: _____

May this authorization be used for? (check one)

- ☐ All payments by the State of Nebraska
☐ All Department of Revenue payments only
☐ Department of Revenue - LB775 payments only
☐ Dept. of Revenue - Corporate Income Tax only
☐ Other (specify) _____

Financial Institution Information

Name: _____

Address: _____

ACH Coordinator: _____

Phone #: _____

FAX #: _____

Nine Digit Routing Transit #: _____

Depositor Account #: _____

Depositor Account Title: _____

Type of Account:

☐ CHECKING ☐ SAVINGS

It is the responsibility of the taxpayer to obtain the ACH payment related remittance information from their financial institution. The State of Nebraska sends this information through the ACH network with the payment to your financial institution. Please contact the ACH department at your financial institution regarding the services your bank provides to obtain the payment information.

(Please print or type – Signature Required)

Authorized Signature: _____

Name: _____

Title: _____

Date: _____

(Please print or type – Signature Required))

Bank Signature: _____

Name: _____

Title: _____

Date: _____